

January - 1951

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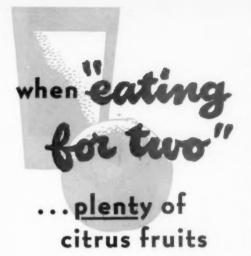


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Most obstetricians today insist that their mothers ingest plenty of vitamin C, particularly after the first trimester (8 oz. citrus juice during pregnancy, 12 oz. while lactating). Pregnancy is thus made safer because toxemia is thereby reduced.7 Also, more babies are born normally and with a higher birth weight, while premature and still births are fewer. 3.4 In addition, both maternal and infant health is improved postpartum when an adequate vitamin C regimen has been followed throughout pregnancy.2 Most mothers enjoy the flavor of fresh Florida citrus fruits (so rich in vitamin C and containing other nutrients*), as well as the energy pick-up provided by their easily assimilable fruit sugars.5

*Citrus fruits - among the richest known sources of vitamin C-also contain vitamins A and B. readily assimilable natural fruit sugars, and other factors, such as iron, calcium, citrates and citric acid.

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References:

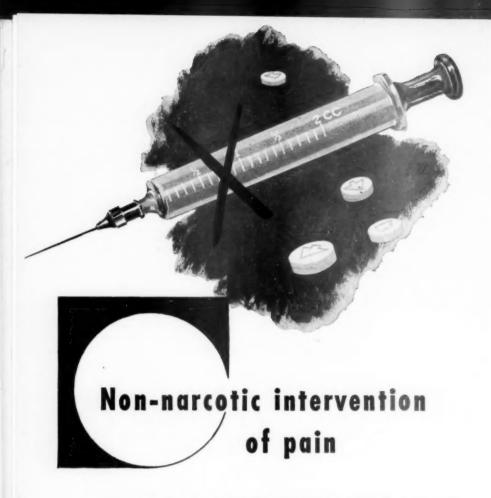
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CONFUSED

Dear Editor:

I fear I am becoming confused. Does the ANA receive dues from practical nurses? And why are they so concerned over the future of practical nurses when it seems to me that it is the future of the R.N. that is at stake? It doesn't make sense to me.

R.N., SAVANNAH, GA.

[Just for the record, the ANA does not receive dues from practical nurses. The ANA's interest in practical nurses stems from the fact that it is concerned with all types of nursing and their effect on the public's welfare. The practical nurses have their own national organizations to which they pay dues—the National Federation of Licensed Practical Nurses, Inc., and the National Association for Practical Nurse Education.—THE EDITORS]

PATIENTS FIRST

Dear Editor:

N. Y.

After reading Debits and Credits for about four years, I am coming to the conclusion that the real honest down-to-earth nurse is on her way out. I come from the old school and

Debits & Credits

I thank God every day that I do. I wouldn't have wanted to miss the good old days when a nurse was a nurse and knew it. We were trained to give relief and comfort to the patient. That is what we were taught and the care of the sick was our aim and goal. Why is it that the nurses of today have to spend so much more time in classes only not more time in the hospital? Knowledge, yes, but experience along with it, is most important in turning out a good nurse. I say the art of being useful to the wants of the patient is what the nurse should be trained for and that is her real work.

(Mrs.) C. J. Hogan, R.N. DETROIT, MICH.

SENSIBLE APPROACH

Dear Editor:

The controversy over R.N. and "degree nurse" appears to be continuous. Let it be so, for a controversy that is thought-provoking is constructive. However, let the controversy remain on an altruistic basis. I am a "degree nurse" by choice and selection. I was an R.N. for many years before I became a "degree nurse." My R.N. permitted me to practice professional nursing legally. It did not, and does not indicate whether I am a good bedside nurse. It tells my public that I am

licensed by the state wherein I am professionally employed and my employing public will be the judge of whether I'm a good nurse or not. My degree is a personal satisfaction. It indicates that I have completed a task outlined by an educational institution and have, therefore, received its stamp of approval. In this learning and social experience I should have grown in "grace, wisdom, and in nursing stature."

LYDIA HEPPERLE, R.N. FARGO, N.D.

ANY POST CARDS?

Dear Editor:

I have enjoyed your magazine for several years and wish you continued success. My 12-year-old daughter and I are making a post card scrap book and would be willing to exchange some New York views with anyone from Iowa, Alabama, Tennessee, Montana, Washington, Oregon, Wyoming, Nebraska, Missouri, Idaho and Arkansas. It would make us very happy to complete a collection from all states.

(Mrs.) ALICE D. OLSEN, R.N. 137 ELM ST., STATEN ISLAND 10. N.Y.

BRIGHTER OUTLOOK

Dear Editor:

The past Biennial Convention was indeed an ear and eye opener to me. I wish it were possible for every R.N. to attend such a meeting at least once in a lifetime. I had per-



New! Davol "Anti-Colic" Nurser for "Regulated" Baby Feeding

AT LAST! A Nurser that has everything to make baby-feeding easier, more efficient. The new Davol "Anti-Colic" Nurser is the first and only nurser that can be regulated to suit baby's needs.





1. Only the Davol Nurser has the famous "Anti-Colic" Nipple. It has a short, flesh-like tip and firm sloping shoulder that is patterned after the maternal breast to help baby suck more naturally. It also helps prevent air-swallowing which minimizes colicky pain.

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SEECK & KADE, INC. New York 13, N. Y. sonal contact with nurses from various parts of the U.S. and its territories and my impression was of the bright outlook, the new and expanding opportunities, the courage and faith that we have as we begin the second half of the twentieth century. With God's help we will individually and collectively strive to create friendship and humanity of heart among nurses. It is for us to clasp hands, to put aside pettiness, faultfinding, self-pity, prejudices and move forward as active members of a constructive crew, with a deeper sense of appreciation of those who have built the strong foundation that we may carry on the advancement of the nursing profession.

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(Mrs.) Elsie F. Crim, R.N. MIAMI, FLA.

FIRM FRIENDS

Dear Editor:

In response to the article "Nurses Abroad Write American R.N.'s" [R.N., March, 1950], I would like to tell you about American R.N.'s writing to a nurse abroad.

I belong to an Association of Registered Nurses in a small town, organized to keep up with current nursing affairs, new drugs, treatments, etc., especially interesting to those of our group who are not active, and to assist with charitable and civic projects in any way we can.

One of our members is a nurse who had corresponded for about fifteen years—since her Girl Scout days —with a Dutch girl. During the war, correspondence stopped, and it was

January R.N. 1951

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CEREVIM-fed children showed greater clinical improvement, in the following nutrition-influenced categories, than children fed on ordinary unfortified cereal or no cereal at all:1

hair lustre
recession of corneal invasion
retardation of cavities
condition of gums
condition of teeth
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*blood plasma vitamin A increase

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subcutaneous tissues

dermatologic state =

urinary riboflavin output>

musculature,

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Here's why: CEREVIM is not just a cereal.

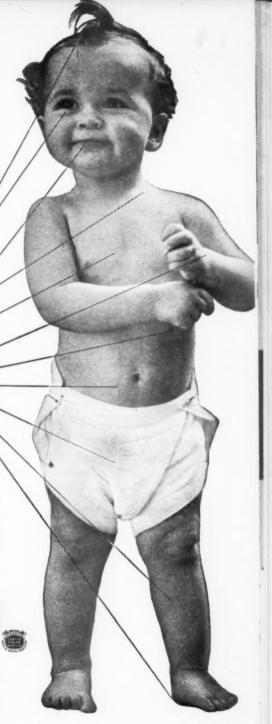
Much more: CEREVIM provides 8 natural foods: whole wheat meal, oatmeal, milk protein, wheat germ, corn meal, barley, Brewers' dried yeast and malt — PLUS added vitamins and minerals.

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1. "A Study of Enriched Cereal in Child Feeding," Urbach, C.; Mack, P. B., and Stokes, Jr., J: Pediatrics 1:70, 1948.

*Cerevim contains neither vitamin A nor C, but apparently exercises an A-and-C sparing effect attributed to its high content of predigested protein and major B vitamins.



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not until after the war that she learned that her Dutch pen pal had also become a nurse-was within six weeks of finishing training when war was declared and all training was suspended. She told how the destruction of the city of Amhem. where she lived, made transportation impossible, and how they traveled on bicycles, and after duty hours rode out into the country to bargain for food. Long hours, hard work and malnutrition resulted in her contracting tuberculosis and at the time the letter was written she had been in bed for several months with no one to depend on but her roommate.

Our R.N. Association decided to adopt her, and immediately sent her food and clothing, and have been sending them for the past four years. Her first letter in reply was full of gratitude for soap, wash-cloths and toothpaste. They hadn't had toothpaste for seven years! Due to the severe shortages there, nurses were not required to wear any particular uniform, but wore anything that was available. That first Christmas, she wrote, they had again had a cake, the first in a long time. They baked it with "Chamberlain's Powder" and raisins we had sent and it was weeks before we solved the puzzle-"Chamberlain's Powder" was readymix pancake flour.

After being pronounced an arrested case, she finally returned to part-time duty, but it was not long before she again broke down and was sent to a sanitarium. The weather was extremely cold and



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Antiseptic Solution



often they would wake in the mornings with the beds covered with snow, and the ration allowed only two "bed covers." We immediately sent woolen bed-socks, flannellette gowns, heavy robe, etc. and we also sent chocolate syrup to flavor the milk she had to drink and did not like. The following spring she wrote that if it had not been for her American friends she would have given up hope and died.

She has since regained her health and is in private duty. Last October she sent us about 150 tulip and jonquil bulbs which will soon be blooming in a dozen gardens to remind us of a nurse abroad who. through all her troubles, has remained cheerful and uncomplaining and who has not said one word of

bitterness or hate against an enemy who was to blame for most of it, if not all.

We feel that we have gained as much as we have given, in this international friendship.

AGNES C. MEYER, R.N. WASHINGTON, MO.

BORDFAUX NEWS

Dear Editor:

This past May I visited the Ecole Florence Nightingale in Bordeaux, France. I was shown part of the American Nurses' Memorial and had a brief visit with the charming little director, Mlle. M. Cornet-Auquier, and Miss Jeanne La Motte, the interesting and efficient American nurse who assists in the educational plan-



A SOFT PLIABLE plastic BRACELET OR ANKLET Contains Mother's name and other desired information

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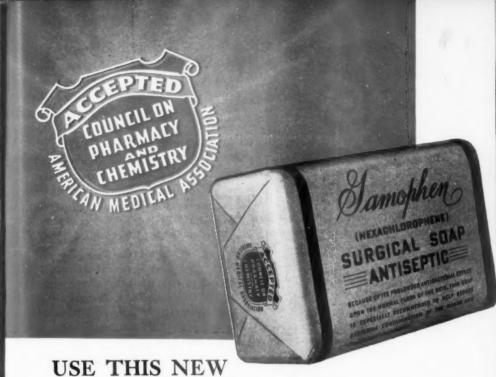
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ning of the school. She gave me a message to bring back. It is this: they have enough food and clothing now; it is a waste of time and money to send the clothes and shoes that have arrived in quantity as some of the things are not suitable. The French nurses wear very plain clothes and their feet are short and broad. What they need now are funds to carry on their work as their new building is completed.

EMMA A. SANFORD, R.N. EAST ORANGE, N.J.

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PROBLEM

Dear Editor:

I have a friend who does general duty and who works very hard. Often she writes about her problems to me. It occurred to me that other nurses may be confronted with the same kinds of problems, so a discussion of them may be of benefit. Here is one feature of general duty which she would like to see altered. She writes:

"The rigidity of working hours. For years the P.M. shift has been 2:30 to 11. Really the greatest evening load of work, especially book work, comes after 9 P.M. I'd like to see the hours changed to 3 to 11:30, thus giving the evening nurse a chance to do her writing while the night nurse is on to take care of patients' requests."

D. LEWENSTEIN, R.N. DULUTH, MINN.

[Aren't the hours 3-11 the usual span for the relief shift in the majority of hospitals?—THE EDITORS]

PSORIASIS Worse in Winter Better with RIASOL

Psoriasis is apt to be at its worst and hardest to treat in cold weather. Winter is therefore the best time to put RIASOL to the acid test of clinical trial.

All claims for RIASOL are based on dermatological research. Clinical reports are available which prove that it may clear the skin lesions of psoriasis in a few weeks, even in cases which have lasted for many years.

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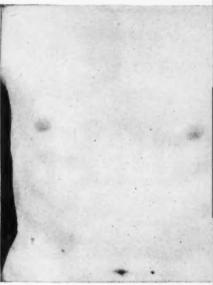
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Tell mothers it saves time . .
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to match nursery!

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Mennen Baby Magic is marvelous for "hospital hands" too. Nurses are writing us rave letters! this little nurse has a cold!



this little nurse has none!

be prepared with a generous supply of

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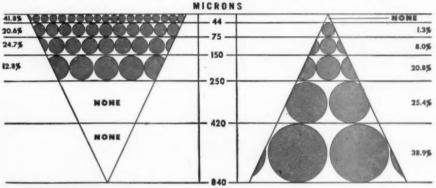
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AN INDEX TO READY DIGESTIBILITY



Sibly STRAINED and HOMOGENIZED CARROTS

CARROTS MERELY STRAINED

THE ready digestibility of Libby's Strained AND Homogenized Baby Foods, and their early tolerability, are graphically shown as physical changes which Libby's exclusive process of homogenizing brings about.

For instance, in carrots that have only been strained, less than 30% of the food substance presents particles under 250 microns in size—more than 70% is composed of particles up to and over 840 microns in size. BUT when this substance undergoes Libby's homogenizing

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Thus digestion is facilitated, and utilization of contained nutrients, such as iron, is enhanced. Since cellulose fibers are comminuted to ultrasmall size, Libby's Homogenized Baby Foods may be fed with safety as early as the fifth week of life and are well tolerated.* Yet this feature carries no price penalty, for Libby's cost the mother no more than ordinary, merely strained, baby foods.

*Reprints of clinical studies are available on request.

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HOMOGENIZED BABY FOODS







Science Shorts

The physiological mechanism that controls sleep and wakefulness in human beings is believed to be in the brain stem, a structure of nervous tissue that connects the spinal cord to the brain. Scientists at Northwestern University discovered that the brain stem can turn sleep off and on and they believe it may now be possible to learn why barbiturates and other drugs reduce tension and induce sleep.

The Borden Company in San Francisco is delivering milk, the principal source of riboflavin, in light brown bottles, claiming that the amber glass shields the milk from light and prevents destruction of the riboflavin.

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Accidental or purposeful ingestion of the neutralizing solution (potassium or sodium bromate) from home permanent waving kits has caused at least one death and serious illness in a number of other cases, according to a report in the JAMA. With the probability that about 25 million permanent wave kits will be used in American homes this year, the public should be cautioned of the potential danger, and should be aware of the symptoms of

bromate poisoning, i.e., vomiting, diarrhea, convulsions, anuria and presence of urea in the blood. The therapy includes 4 per cent sodium sulfate and hypertonic plasma as diuretics and sodium thiosulfate as an antidote.

Aureomycin Crystalline Dental Cones, Dental Paste and Soluble Tablets for use in prevention and treatment of infections encountered in dental surgery are now offered by Lederle Laboratories.

Recent developments announced by the American Optical Company include: trifocal lens to permit middle aged workers to see clearly not only near and distant objects but also to allow vision in the "twilight zone," the area from 18 to 40 inches beyond the eyes; two-tone eyeglasses, made of two half circles of glass of different colors, fused into a one-piece lens and intended as a safety measure for steel workers, welders and others who work under a blinding glare.

A study of 36 million confinements by statisticians of the Metropolitan Life Insurance Company points out that the chances of having twins are one in 92; triplets are born once in 9,400 confinements and quadruplets once in 620,000.



New sweetener adds taste appeal

... BUT NO CALORIES

to cooked, baked and canned foods

This holiday season, countless reducers and sugar-restricted dieters will be able to add sweetness without calories to all manner of cooked, baked and canned foods, as well as hot or iced drinks. With SUCARYL Sodium, the new heat-stable non-caloric sweetener, holiday menus can include sweetened cranberry sauce, hot biscuits fresh from the oven, jams and jellies, cookies and cakes.

SUCARYL gives food a natural, sugarlike sweetness, leaves no after-taste in ordinary quantities. Everyday meal preparation is simplified, too, since one sweetener can be used for both dieting and non-dieting members of the family. Tablets are effervescent to speed dissolving time in beverages, may be crushed for sprinkling on cereal or fruit. SUCARYL Sodium is available at pharmacies in bottles of 100 and 1000 tablets. Now also in liquid form, supplied in convenient 4-ounce bottles.

SUCARYL Sodium

TRADE MARK

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Heat-Stable, Non-Caloric Sweetener for Sugar-Restricted Diets

TESTED: Johnson's Baby Lotion with hexachlorophene 1%, was subjected to clinical tests as a specific preventative and therapeutic agent for four common skin afflictions of infancy: impetigo contagiosa, miliaria rubra, ammoniacal dermatitis and cradle cap.

PROVED: Records of 8 leading hospitals, where these tests were conducted for more than 10,000 cumulative baby days, show that care with Johnson's Baby Lotion reduced the incidence of skin irritation to an average of less than 2%.

(Records of a study, using *other* commonly accepted methods of skin care show incidence of skin irritation ranging as high as 55%.)

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Speaks: The New Year

■ A NEW YEAR begins for the people of the world; people torn between outward hope and inward hopelessness. As the new year's beckon-

ing finger draws us into the unknown of a future we fear to contemplate, not one of us is unaffected by the thoughts of what the tomorrows may hold.

After five years of living under the threat of the atomic bomb, of being lulled into a sense of false security by the thought that only we and our allies possessed atomic know-how, our individual fears, our collective fears and now our national fears, suddenly culminate in a psychological jolt as we view the Korean War, Red China's intervention and Russia's first atomic bomb test. Our feet at last are set on the road to preparedness.

The recent emphasis on civil defense planning by the Federal government and the states is encouraging, but not heartening enough when we remember that day of August 6, 1945 when aircraft watchers in Hiroshima, hidden in their dugouts, leaned lazily against the warm earth, eyes and ears alerted to the calm sky overhead. Then the black speck of a lone bomber droned over the horizon and frantic messages tumbled through the air. But it was too late for warning signals and anti-aircraft. This was zero hour for Hiroshima—first strategic target of the atomic bomb.

The British started preparing for their bombing ordeal in 1933 and it was evident as soon as the bombs fell that the long training period paid off in lower casualty rates and higher morale. If and when disaster strikes in our country, we too want to know what to do. Suppose New York City were bombed at the evening rush hour—or if Washington, D.C. were completely destroyed? Could we as a nation rise to the occasion or would we knuckle under to the enemy? This is the question with which civil defense plans are deeply concerned.

There is no doubt that civil defense is going to be a tremendous, back-breaking job. When it finally swings into action it will involve almost every American citizen—plumber, fireman, businessman, housewife, millionaire and hobo. And by the very nature of atomic bombing, or any bombing for that matter, surviving members of the medical, nursing, dental and veterinarian professions will be required to carry

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heavy burdens of responsibility from which no one will be exempt.

Recognizing the implications for nursing in atomic preparedness, the National Security Resources Board recently initiated a series of courses designed to acquaint nurses throughout the country with the medical aspects of atomic disaster. The nurses attending these courses are expected to go back to their states and teach other nurses, who

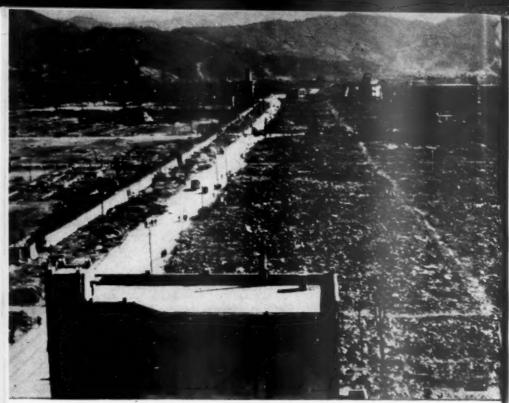
in turn will pass on the information.

As a representative of R.N. and the New Jersey State Nurses Association, R.N.'s associate editor, Frances Lewis, was privileged to be one of the 70 nurses enrolled in the first five-day course, held in November under the auspices of the Atomic Energy Commission at the University of Rochester, in Rochester, New York. Most of the nurses present came from the eastern states and represented public health departments, state nurses associations, universities, hospital schools of nursing, industrial nursing and the American Red Cross. Although at times some were dismayed by their ignorance of physics and somewhat doubtful as to how much of the scientific material should be taught, they were all strongly impressed by the urgency of relaying the essential facts to the nurses back home. From the content of this course it should be possible to select that information which will be most useful to nurses and laymen, and teach it in workshops, lectures or institutes. (A teachers' manual is planned but this will not be available until after this series of courses is completed.)

R.N. is participating in this important teaching program by presenting a series of articles based on the Rochester material, the first of which appears in this issue, p. 24. From these articles and the many government publications on the subject, it is hoped that nurses will gain a greater understanding of the atomic bomb, the medical effects of an atomic disaster and nursing's place in civil defense.

Ignorance and distortion of atomic facts can lead us up the dead end streets of hysteria or do-nothingness. Cooperation and a background of essential knowledge and training, on the other hand, can do more than anything else to strengthen our country. Nurses must be a strong link in the chain of preparedness that connects our defense lines; the defense lines that may mean our survival.

-ALICE R. CLARKE, R.N., EDITOR



U.S. Armed Forces and The University of Rochester Atomic Energy Project

ATOMIC POWER

by Frances Lewis, R.N.

■ IT SEEMS INCONGRUOUS to be writing about such a modern weapon as the atomic bomb by candlelight, but the gale which struck the Midwest and Eastern Seaboard, crippling telephone and electric service and breaking water mains, sent many of us groping for candles and kerosene lamps. Being deprived of such essential services, however, made us appreciate—to a small degree—how an atomic explosion could disrupt our mode of living and threaten the public health and welfare. It also raised a pertinent question: If public utili-

ties had difficulty in coping with this emergency, what would they do in the event of atomic disaster?

In general, the devastation caused by natural phenomena such as storms, hurricanes, floods and earthquakes is small compared to that left in the wake of an atomic explosion. And, of course, damage from preatomic, man-made forces of destruction cannot equal the pulverizing effect of the atomic bomb. For this reason, atomic power assumes terrifying significance in modern warfare where the bombing of cities and citi-

zens is as important as the annihilation of the enemy forces in the field.

It is reported that the bombs dropped on Hiroshima and Nagasaki caused total destruction and severe damage to buildings within a two-mile radius of the explosion center and that the death toll in the two cities amounted to 100,000, with almost as many injured.

How is one bomb able to create such havoc?

The answer lies in the tremendous amount of energy locked up in the atomic bomb which is released by the explosive process in the form of heat and light, high pressure gases and nuclear radiation. In order to get some idea of the immense difference in energy between the atomic bomb and the common, everyday bomb we first need to consider a fundamental physical law.

Law of Physics

It is a rule of physics that the reaction of a system in which weak binding forces of constituents are converted to stronger ones must be attended by a liberation of energy. This sequence of events is seen in the explosion of a conventional TNT bomb where the weak forces or valence bonds holding the atoms together in the molecule are changed so that they hold the rearranged atoms in the decomposition products more tightly than before. It should be noted that in this chemical explosion the atoms are merely rearranged; their individual character remains unchanged. The energy released from this type of explosion is chiefly in the form of heat, and the decomposition

products are relatively harmless.

Although the same law of physics applies in an atomic explosion it operates on a somewhat different scale within the heart of matter itself-the atomic nucleus. In the explosion of the bomb, weak binding forces between the particles or nucleons in the nucleus of the atom are converted to stronger ones in the explosion products. This conversion, as in the case of the ordinary bomb, is attended by release of energy. However, since the forces between the nucleons are considerably stronger than those holding the atoms together in a molecule, there is a far greater amount of energy released. It is estimated that it would take 20,000 tons of TNT to liberate the energy equivalent to one kilogram of uranium 235 or plutonium. And even this large amount of TNT would not exhibit the radioactivity of the atomic bomb. In the final analysis then, the atomic surpasses the destructive power of all other types of bombs by reason of its nuclear reaction.

The Atom

For an understanding of nuclear reactions in general, and the particular nuclear reaction taking place in the atomic bomb, let us examine the make-up of the atom. An atom has a nucleus containing positively charged protons and uncharged neu-



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trons held together by the strong nuclear, binding force mentioned previously. (The simplest atom, hydrogen, has only one proton, no neutron in its nucleus.) Whirling around this nucleus in a continuous merry-goround are negatively charged electrons held to their orbit or orbits by centrifugal and electrostatic forces. In any normal atom, the number of protons within the nucleus is exactly equal to the number of electrons on the outside sphere. Actually, the largest constituent of any atom is space, for if all the nuclei in the atoms of the body could be gathered together, the weight would be merely a speck on the end of a pin.

Every atom has an atomic number showing the number of protons in the nucleus and a mass number or atomic weight indicating the total number of neutrons and protons in the nucleus. Atoms with the same atomic number but with different atomic weights due to varying numbers of neutrons are called isotopes. Isotopes of the same element are chemically indistinguishable from each other since it is the atomic number which determines the chemical properties of an element rather than the mass number. Most of the naturally occurring elements have two or more stable isotopes.

Radioactivity

But not all isotopes are stable; if the neutron-proton ratio exceeds a certain range, they will be unstable or radioactive, emitting beta particles from the nucleus in an effort to achieve a more balanced number of neutrons and protons. The beta particles, which are really nuclear electrons, originate from the excess number of uncharged neutrons which change to positively charged protons in the stabilizing process. After a radioactive change is completed, the atom has a different number of protons in its nucleus. And because of this new atomic number it is a different chemical element. It may take one or several radioactive changes of this type before a stable element is finally formed.

So far, only those radioactive atoms which are isotopes of stable elements have been discussed. But radium, thorium and uranium, the first radioactive substances discovered in nature, are isotopes of heavy elements which have no stable forms. In the case of these elements, stability is eventually achieved after a series of radioactive changes, marked by the ejection of alpha particles—close combinations of two protons and two neutrons.

The spontaneous nuclear changes taking place in both light and heavy unstable elements, designated as radioactive decay, take varying degrees of time for their completion. The rate of decay for each radioactive element is expressed in terms of its half-life, or the time it takes for a given amount of radioactive material to decay to half of its original value. Some of the half-lives of the various elements range from less than one-millionth of a second to more than 10 billion years.

Radioactive changes in all types of elements may frequently be accompanied by electromagnetic radiations called gamma rays. These rays generally differ from x-rays by virtue of their shorter wave length and higher energy potential. Their emission from the nucleus of atoms which have collided with high energy atomic particles represents an attempt on the part of an "excited" nucleus to get rid of some of the excess energy it has absorbed from the collision.

Induced Radioactivity

In addition to spontaneous nuclear reactions resulting in radioactivity, it is possible to deliberately produce nuclear reactions by bombarding atomic nuclei with neutrons in a neutron reactor or pile or by electrically charged particles in the cyclotron, popularly known as the atom smasher. Many of these artificially made radioisotopes are now being studied by scientific research groups. Perhaps the one most familiar to nurses is I¹³¹ or radioiodine which has been proved of therapeutic value in the reduction of hyperthyroidism.

A common method of initiating a nuclear reaction and thereby creating radioactive isotopes is the forced introduction of a neutron into an atomic nucleus. Since uncharged neutrons are not repelled by the positive charge of the nucleus they therefore slip into their new nuclear home quite easily. When a neutron is captured by the nucleus in this manner, gamma rays are emitted and the element becomes an isotope of the original element with a higher mass number because of the extra neutron. It may also exhibit radioactivity by reason of the increased neutron-proton ratio.

This same principle of neutron bombardment is employed in initiating an atomic explosion but since a different, more violent end result is desired, the atoms used in the construction of the bomb must have certain specific qualities. The two heavy elements uranium 235 and plutonium were selected as atom bomb material because of their fissionable characteristics. Uranium isotopes when split have the property of releasing the largest amount of energy per atom of any of the naturally occurring elements. And uranium 235, in contrast to uranium 238 from which it is isolated, is much more likely to fission under neutron bombardment than retain the neutron in its nucleus. The energy released from the splitting of one atom of U-235 into two masses amounts to 200 million electric volts or 7.652 x 10⁻¹² calories. One single gram of U-235 gives the impressive energy total of 20 x 109 calories.

Nuclear Fission

To illustrate how the important fission process takes place, imagine a nucleus of U-235, with its densely packed 92 protons and 143 neutrons in constant motion. When a neutron is rapidly thrown into this system, the additional energy produced is too much for the nucleus to bear. In an over-excited state of motion it begins to lose its spherical shape, elongating and drawing out into two spheres with a slim connecting link between which snaps and sends the two separated parts hurtling away from each other. During this almost instantaneous reaction, which is completed in less than [Continued on page 46]



■ STUDENT NURSES have come a long way since the days when their convention activities were confined to ushering, taking phone messages and staring at the dignitaries. It was said of students attending the 1932 Biennial that the thrill they experienced at seeing and meeting the national officers, and even getting their autographs cannot be described.*

Contrast this patronizing attitude with the ovation given the student representatives at the recent Biennial and see what marked changes have taken place. Most nursing educators, in the intervening period from 1932 to 1950, have come to realize that democracy is not incompatible with discipline, and that it is

neither dangerous nor subversive for student nurses to voice their individual or collective opinions. Also, the official body of nursing, which claims only about one-third of its potential membership, has become thoroughly convinced that students are its best recruitment prospects, and is frankly aiding and abetting their interest in organization.

It was an enlightened opinion of the students' worth, then, rather than a feeling of sentiment that prompted the 1950 delegates' acceptance of the students' resolutions which asked that there be some means of allowing student biennial representatives to present their suggestions to the house of delegates; that the ANA promote the establishment of student nurse associations; and that

^{*}American Journal of Nursing, June, 1932, p. 652.

students be able to participate in the work of state and local committees.

The last two resolutions were in direct accordance with the ANA, for that organization believes strongly that student associations are a particularly valuable means of educating the student nurse to her professional responsibilities. The student who participates in such associations not only becomes acquainted with organizational machinery but also learns that many of the problems facing the profession can be solved by cooperative, democratic effort rather than by the assorted gripes and theories of the lone wolf contingent. And, although there are as yet no statistics on the subject, it is reasonable to suppose that members of student associations are more likely to follow through with membership in professional associations.

In its principles regarding organization of student nurses, an ANA subcommittee, which includes two student members, recommended that emphasis be placed on student participation in district and state nurses associations rather than on separate organizations. It suggested:

"That students should not only be invited to attend meetings and programs of district and state nurses associations, but should have representatives to sit in at meetings of standing committees, and should have appointment to special committees.

"That students should be encouraged to participate in discussion at district and state association meetings.

"That district and state associations be urged to form district and state committees on student participation."

Although these appear to be fair and sensible recommendations, it would be folly to believe that all the states receiving them immediately carried them out. The organizational wheels in state nurses associations often turn slowly-sometimes exasperatingly so-and there are many graduates who have not been completely sold on the students' participation in what they consider their own affairs. In some cases, students as well as graduates must be convinced that their best opportunity of expressing themselves lies not in social clubs, though these have their place, but in student-graduate professional gatherings, and in student associations.

While the formation of student associations in individual nursing schools is an important preliminary step, the banding together of these organizations on a local and state level bringing them into closer contact with professional district and state associations is considered by many states to be a prime factor in orienting students to their future graduate environment, Although student associations have sometimes "just growed" without benefit of organized planning, the important thing is that they have grown and are multiplying at a fairly rapid rate. So large is this growth that graduate professional nurses cannot

by Frances Lewis, R.N.

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afford to ignore their presence.

Replies to a questionnaire which R.N. sent in March of last year to all state and territorial nurses associations showed that 16 of the 38 responding states had student associations on a state level (some were districted); five were planning to establish state associations; four reported district associations; four had city organizations; and nine stated that they had either none at all or only isolated associations in schools of nursing. There are now reported to be 20 organized state-wide student associations.

It is significant to note that the majority of states showed interest in some form of student expression. The lone exception was one executive secretary who wrote that her state's practice of providing special programs and entertainment for students during the state convention had to be discontinued because the students caused difficulty when they returned to their schools. One instructor reported that "they wanted to organize the universe." Since that time, the students, who do not have a student association, have been included in the programs for graduate nurses.

Hearing of incidents like this, one wonders where the fault lies, for students in many states are now conducting their own business and program meetings at state conventions without suffering such delusions of grandeur. In fact, students' efforts in this direction at past biennials have been warmly praised by everyone who attended student meetings. Evi-

dently there are still some nurses about who believe that students should be seen but not heard.

Let's take a brief look at some of the other states where students are more successful in carrying on their own organizational affairs.

An excellent example of an upand-coming student organization is the Junior Connecticut State Nurses Association, established in 1946 and sponsored by the Connecticut State Nurses Association. The purpose of this organization is "to increase the awareness of the student toward her professional obligations and to give her an opportunity for growth and development through participation in organization activities." Although the membership is on a voluntary basis, the students join in school groups. Delegates to the meetings, which are held three times a year, are chosen from the junior and senior class by the students in each school. The students have an opportunity to participate in the activities of the state association since they meet with it at the time of the annual convention and two members attend the advisory council meeting prior to the convention. Interestingly enough, and this is in line with the ANA's theory, it has been found that membership in the junior association has not been a sufficiently strong factor in attracting graduates into the senior association. For this reason it has been suggested that the Association be re-organized on a district level. It is believed that if students are members in the district, they will attend more district meetings and feel a closer kinship to the parent association.

Oregon calls its student organization the Oregon State Student Council. Membership in the Council, which was organized in 1941, is open to all state accredited schools. Its aims are to promote fellowship and social contact among the student nurses throughout the state, and to afford an opportunity to discuss student problems. Three graduates are selected by the student executive board to act in an advisory capacity only. It is reported that the Council holds one annual meeting in conjunction with the state nurses convention, and some students sit in on some of the state committee meetings. The dues, 10 cents per capita, are used to send delegates to annual state and national conventions, and to finance social activities.

The Massachusetts State Council of Student Nurses operates under a charter adopted in 1946 and obtained through the Massachusetts League of Nursing Education, which acts as an advisory body. Members, who attend those schools having student-faculty government, meet twice a year and also gather for various professional and social activities. Some of the worthwhile aims of this organization are to aid in the development and growth of the individual students by fostering good citizenship; to aid the student council of the individual school to function more adequately; to provide closer contact between schools of nursing: to provide [Continued on page 64]



"Everything is so fragile."

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IRO Photo by Simson

Displaced Nurses Seek Asylum

■ LONG ACCUSTOMED to serving the needy—the hundreds of thousands of displaced persons still in European camps—the DP nurses, often needy themselves, look forward to the day when they too will have a permanent job and home in the country of their choice.

But these nurses don't stand by idly while waiting for permission to immigrate. Since nursing skills are in constant demand in the Displaced Persons Camps the International Refugee Organization has utilized the services of DP nurses to the fullest. Over 2,000 refugee nurses have worked closely with a small staff of

IRO medical personnel to maintain a high level of health among displaced persons. They have not only cared for the sick, but also have served by participating in programs of immunization, setting up training schools for nurses aides and staffing rehabilitation centers for handicapped DP's. In addition, DP nurses are regularly assigned to IRO-chartered transports which carry new settlers to 81 different countries all over the world. With duties ranging from tending cuts and bruises to preparing babies' formulas, these nurses are ready for any emergency.

Displaced nurses have a wide

variety of backgrounds and types of training, and if they wish to determine their status they have the privilege of going before a Professional Nurses Screening Board, a feature of all DP camps. Those who qualify are given a certificate signifying whether they are professional nurses, nurses aides or midwives. This certificate is an important factor in enabling them to find proper employment in the countries to which they immigrate.

The first requirement for nurses wishing to come to the U.S. is that they be sponsored by a responsible person or agency. Twenty-eight yearold Adele Schrimer who had studied nursing at the University Clinic in Wurzburg, Germany found the opportunity she was hoping for when she and her family met Dr. Charles Hensche who was serving overseas with the U.S. Army. Having agreed to sponsor the Hungarian family, Dr. Hensche found a job for Adele as a nurses' assistant at the Cincinnati Sanatorium. When Adele arrived in Cincinnati in October 1949 she went to work immediately-rapidly convincing the staff that she was an able and cheerful employe. As soon as she has gained more proficiency in English and more experience, she plans to take her state board nursing examination. Meanwhile, she reports that she is "so very satisfied."

By the end of June 1950, 408 graduate and student nurses had en-

tered the U.S. under the DP Act of 1948. Although some, like Adele Schrimer, have found immediate employment in their profession, many others need guidance in reestablishing themselves as nurses. Language difficulties and lack of information about state licensure requirements have been the chief stumbling blocks, and many qualified nurses have gone into domestic and other work until they can surmount these barriers.

The situation is being remedied, however, through the help of volunagencies and professional groups. The American Nurses Association works through the state boards of nurse examiners in advising refugee nurses on how to obtain required state registrations and many of the state nurses associations have cooperated with the state boards in giving the nurses personal help. In some few states, qualified displaced nurses have been granted registrathrough reciprocity without taking examinations.

The National Lutheran Nurses Guild especially has demonstrated how voluntary agencies can help in the successful resettlement of nurses. On the local level, the Guilds seek assurances of employment for displaced nurses and befriend them once they have come to this country. They visit the nurses who have found employment, invite them to attend their local meetings, and in general help them to become oriented to their surroundings. Still

^{*}In June of last year, the Displaced Persons Professional Registry was transferred to the International Council of Nurses. The ICN program will render professional advice to refugee nurses, determine professional status and amend the register of nurses.

another project of the Guild has been to collect and send used and new uniforms to DP nurses still in Europe. So far, they have sent almost 6,000 uniforms.

Satisfactory adjustment of former refugee nurses, through a well organized program of counseling, has been accomplished at Glen Lake Sanatorium near Minneapolis. Before displaced nurses are employed by this hospital they are carefully cleared as to their nursing background and command of English. Those who have difficulty with the language are recommended for placement elsewhere since adjustment to the work alone is considered a sufficient load without the extra burden of learning a new language.

The orientation of the nurses at Glen Lake is under the direction of the nursing office staff which in turn solicits the efforts of the head nurse and the regular nursing staff. The length of this period depends on the ability of the nurse, varying the pattern to suit each individual. On the whole, the program is reported satisfactory and has definitely filled a gap in the nursing service. At present the Sanatorium employs 10 former displaced nurses and one ward janitor. One of the nurses is the wife of the ward janitor and another is married to a former displaced doctor now on the medical staff.

In nearby Minneapolis, Dr. Marta Ozolins and her daughter Ilga are happily starting a new life. Dr. Ozolins, a specialist in obstetrics and gynecology in her native Latvia, is employed as a nurses' assistant at Maternity Hospital until she learns English well enough to take her state examination. Ilga, who studied languages at the University of Latvia and Heidelberg University in Germany, works in the hospital nursery.

In 1944, the Ozolins were evacuated from Latvia to Vienna where they worked in a hospital. Later they fled to Bavaria and after the war entered an UNRRA camp where they obtained their assurances for immigration to the U.S. through the Church World Service. Both are satisfied with their work and the experience Ilga is gaining by working in the nursery has convinced her that she wants to stay in nursing.

Another former doctor, Helen Grinenko, who came to the U.S. under the sponsorship of the United Ukrainian American Relief Committee, is now serving as a nurse at Taylor Hospital in Taylor, Pa., until she becomes licensed to practice medicine. This attractive, young doctor studied at Lwow and Kiev in her native Ukraine—finishing her studies with difficulty because of the German invasion. After the liberation she worked as a doctor serving other displaced persons.

The successful adjustment of Mrs. August Nilks, who found employment at Grace Hospital in Detroit, is best described by the letter she wrote to her sponsor, the National Lutheran Council.

"In Grace Hospital, I am taking care of four to five private rooms. I am working five days a week and I like my [Continued on page 60]



CANDID COMMENTS— THE VOICE of NURSING

■ NURSING, like other groups, is increasing its ways of speaking to its members. It seems to me that now is the time to increase its facilities for listening to them. It is easy to get a distorted view of our profession from surveys alone. Our progress in education, economics, legislation, looks clumsy and slow. But facts that can be reduced to paper cannot possibly tell the changes that have come in nurses' thinking, especially in the past 10 years, nor the new power for action that has developed. Only through better listening devices than we now employ can we learn these important things.

Eight weeks of concentrated field work last fall, topping off many vears of such activity, convinced me that we have a new and growing power within nursing that sooner or later will crystallize into action. Our ability to hear and heed this new voice will determine both our place in the community and the success of our professional associations. Our campaigns both for action and for new members succeed only when the majority believe their views are reflected in the programs. It is essential for us to know what the nurses believe in, what they are saying and thinking, why they are angry, what they understand and do not understand, and what they want.

Without doubt, a great core of nurses has been thinking new thoughts since the structure discussion started and since the Brown and Ginzberg reports came out. Some of this new thinking has been marked by anger, some by fear, but a lot by a growing determination to have a hand in the decisions. I believe that the majority of thinking nurses will support any kind of change that will make for better nursing care. But their experiences have given them hard-bitten convictions about that nursing care which must be respected in any plan of action, for they are worthy of respect.

Again and again I am impressed with nurses' deep love for nursing. They are quick to admit its weaknesses, and among themselves gripe feelingly over its shortcomings, but they are like the school teachers who answered questionnaires for the Committee on Ethics of the National Education Association. Out of 3,000 replies, 90 per cent expressed resentment over disparaging remarks about their profession. "They seem to have a high regard for their calling," says the report. Nurses too have a high regard for their calling and strongly

by Janet M. Geister, R.N.

object to disparaging remarks or proposed actions that might hurt its good name.

The finest way to hear the voice of nursing is to go where the people of nursing live-and talk with them as well as to them. I took the remaining chair one morning as seven staff nurses were breakfasting at a convention. They were talking of patient care, and their attitudes told me more than could all the words they might marshall on a platform. "If only the front office could know what is really going on!" said one, while the others nodded sympathetically. "I know that Miss W. doesn't want things that way, but she can't be everywhere. And we have no way to suggest better ways of keeping tab . . . Oh, yes, we have a 'suggestion box.' It's no substitute for talking, and anyway, nothing ever seems to come of the slips we put into it."

Listening is a phase of democracy. Communism, which operates from the top down, simply issues orders that embody the will of the few. Democracy, which operates from the bottom up, functions successfully only when its actions embody the will of the majority. This can't be guessed at; it must be learned through good listening. Nurses deeply resent being at the end of a push button. They either stint then in their work or try to get a job where they have a better chance for self expression. Nurses who do not resent the push button haven't too much to give, or to get.

What is true of institutions is true of organizations. The president of a

large, national organization said, "I traveled over the country and heard not one word of criticism." This brand of deafness, unfortunately, isn't uncommon. Any organization that is alive gets criticized and it is the leaders' responsibility to search out and respect this criticism. The gentleman's whole idea was to tell the members what the national was doing for them, and tell them along what lines they should think. He had neither the time nor inclination to listen, to hear the voice of his people. Those who want to lead opinion must go where opinion is made, and learn it. The important thing is not the organization, or even the profession, but the people within the group. A professional organization exists to serve its members, and to serve the larger group for which its members exist. It regulates the first group only in the interest of the second group.

Listening goes hand in hand with telling-like the voice and the vote, they complement each other. Our votes should be preceded by discussion, and our telling should be preceded by listening. "I get students from all over the world," said Dr. Selman Waksman, creator of streptomycin, "and sometimes I learn more from the student than he learns from me." The nutritionist of a public health nursing agency went into the homes of low income families to teach better economy in food buying. At the end she reported humbly, "I learned more than I taught. These people have been up against harsh realities so long that they know

things I never could learn from books."

It is as necessary to learn from people as it is to learn from books and reports. Books and reports are but the recorded and formalized ideas and conclusions of people. Nursing became useful because it learned from people as well as from books about people, and it must always do so if it is to remain true to its purposes. This is equally true of a democracy. The program of action must reflect, not the conclusions of formal reports, but the wish of the majority in relation to these conclusions. Regardless of how urgent may seem the need for action, it is far better to await the formation of an informed, majority opinion than to forge ahead on the opinions of a few.

The need for better listening devices grows as our profession grows. Our separation into branches has increased our skills, but it also has increased our isolations from each other. We talk, think and decide too much in terms of our particular layer

in nursing. Educators talk with educators; private duty nurses with private duty nurses, and so on through the branches. The possession of an academic degree places us in one category; its absence places us in another. Yet we are all intrinsically related to and dependent upon each other. Intelligence, experience, ideas and ideals are not the monopoly of any one branch; they are distributed within all branches. A nurse may have excellent ideas on nursing education even though she is not a nurse educator, and a nurse educator may have excellent ideas about some other branch of work.

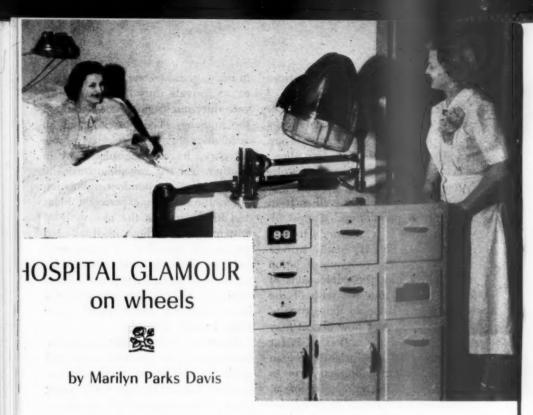
Learning from people means listening with our eyes and minds and spirits as well as our ears. It is true we have various devices for learning some of the things people are thinking. But the polls only take samples of prevailing opinion on specific questions and our answers are limited strictly to these questions. Questionnaires have the same limitations. Neither can [Continued on page 50]

IMAGINATION

I can imagine summer vacations
In space and commuters to Mars,
I can even imagine the movies without
Gangsters and glamour and stars;

I can imagine a fad for no make up, For beards and a lack of fat purses, But I can't imagine what Doctors would do If there suddenly weren't any nurses.

-- Frances Gibson, R.N.



when Mary Reed, R.N., started briskly and ably through her first day's duty at Garfield Hospital in Washington, D.C., she thought she had seen about everything in hospital routines and services. But after administering a bath to Mrs. Warner, who had suffered scalp lacerations and a compound fracture, the patient remarked blithely, "I'm having my hair shampooed and waved today!"

"But did your doctor-"

"Oh, yes, he definitely approves."

Miss Reed was about to ask another question when the sound of footsteps and easy-rolling wheels approached the room. An attractive, yellow-garbed beautician entered, pushing before her a compact beauty shop-on-wheels.

Miss Reed and her patient scrutinized the equipment that, in two years, has activated a new service in 375 hospitals across the country. Built into the top of the portable cabinet is a dryer on swinging arms easily adjustable to the bedridden. In the drawers are the multitudinous items needed for shampoos, manicures, facials, haircuts, and even permanent waves. There are drawers for dry towels and drawers for wet towels. What caught Miss Reed's eve was the built-in sterilizer in which all beautifying gadgets are placed after each use.

The man who dreamed up the new idea is Mr. James S. Staten, Jr. of Dayton, Ohio. The owner of several beauty salons, Staten was convinced that many of his clients came to the shops too soon after their hospital confinements. "I simply can't stand letting my hair go any longer" was the general comment.

Staten began pondering the problem. Why couldn't a portable beauty service be taken to the hospital? He had in mind not only the long-term fracture, cardiac and diabetic patients to whom care of the hair becomes a hygienic necessity, but the short-term patients who feel perky enough to want to look their best.

The difficulties that lay ahead were legion. Staten knew the first hurdle would be winning approval of doctors and hospitals. His equipment would have to be sterilizeable. Everything would have to be in or on the movable unit to entail no extra work for the hospital. He would need a special shampoo and a dryer designed especially for the sick. His operators would have to be trained to dovetail their work with hospital routines.

One by one, Staten vigorously crossed each problem off his list. First, the all-important shampoo. After many experiments, he formulated a liquid detergent that is warmed, rubbed into the patient's hair and simply toweled off. It leaves the scalp clean, the hair shiningwithout a drop of water in the process. Approved by the AMA, this product is now used in 86 nursing schools to replace the Kelly pad. Special duty nurses like it for their patients, either in the hospital or for long convalescences at home.

With the help of his engineer

father, Staten designed the portable dryer which adjusts to any position the patient finds most comfortable. Now even recumbent bed patients may have their hair dried. The dryer motor hums quietly and the three heats are 20 degrees below the temperatures used in beauty parlors. Yet with the use of the no-rinse shampoo, drying takes only 25 minutes.

Having obtained AMA approval for his products, Staten had to win the same for his techniques. Before he allows a local licensed beauty operator to buy one of his portable units, he requires her to take a short course in medical ethics and the special problems of beautifying the sick. Operators are chosen with an eye for cheerful personalities and humanitarian interests. They are trained to conform with the procedures of the individual hospital.

A typical route for the operator would begin in Maternity, where she is prepared to wear cap, gown and mask if her hospital requires. From here she goes to Medical, into Clean Surgery and last into Dirty Surgery.

Patients are given a beauty service announcement at the Admitting Office. With their doctor's approval, they may make arrangements for an appointment.

Beauty service has caught on, especially in [Continued on page 44]



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Reviewing the News

► WOMEN AND WAR: Inevitably the worsening situation in Korea affects the military need for nurses. In addition to the 650 ANC reserve officers ordered back to duty in November, the Army is now calling for 3,000 volunteer nurses, 250 therapists and dietitians . . . In the November, 1950 issue of R.N. it was noted that the ANC had raised its age ceiling in the grades of lieutenant and captain to 50 years. This liberalizing provision, it should be emphasized, applies only to those nurses who already have a Reserve commission of first lieutenant and captain. Prior to this ruling, an individual who held a Reserve commission in the grade of first lieutenant or captain was declared overage in grade at the age of 43 and 46 respectively. No one who has passed her forty-fifth birthday is eligible for a Reserve commission.

LIBERALIZED United Mine Workers' medical care and hospitalization program now extends benefits to widows and dependent minor children of deceased miners and unmarried guardians of miners' orphans. Under the new law, miners' dependent relatives and in some

cases adult children of deceased miners come in for a limited share of health care privileges. Also medical and vocational rehabilitation is provided for permanently and totally disabled workers.

- ▶ NEW ELIGIBILITY for previously forfeited \$10,000 National Service Life Insurance, is guaranteed World War II veterans re-entering the service. This provision, however, is effective only while the veteran remains in service; it does not reestablish life-time eligibility which was lost when the first \$10,000 policy was surrendered.
- ► AN URGENT APPEAL for registered, professional and practical nurses with training or experience in psychiatric nursing has been issued by Adele Poston, director of the Psychiatric Nurses Bureau, 145 East 35th St., New York 16, N.Y.
- ► GEARED FOR DEFENSE, the American Red Cross is asking for nurses to serve as instructor-trainers as well as instructors of 700,000 home nurses and 100,000 nurse's aides during this year. Each instructor-trainer will train 15 nurse or nonnurse instructors in home nursing, each of whom will be asked to teach at least three classes of 15 students each in Home Care of the Sick.

Graduates of the course will be prepared to meet illness in the home or serve as assistants to graduate nurses and nurse's aides in the mass care of the injured in case of enemy attack. Nurse's aides will serve in civilian, military and VA hospitals as well as in public health clinics and the Red Cross blood program . . . All Red Cross chapters are urging inactive and retired nurses to enrol for participation in community nursing activities. Enrollment files are being brought up to date so that chapters will know training and availability of each nurse for specific assignments in the event of a major civilian catastrophe.

► COURSES AND WORKSHOPS: University of Pittsburgh, Pittsburgh, Pa., workshops, Jan. 22-Feb. 2, topic: Staff Education for Supervisors of Industrial Nursing Services; May 21-June 1: Special Health Problems in Industry. Louisiana State University, New Orleans 12, La., six-week courses in premature infant nursing, beginning Feb. 19, April 2, May 14, Sept. 10, Oct. 22. Wayne University, Detroit, Mich., numerous workshops and institutes through May, 1951. Calendar of courses may be obtained from Dean, College of Nursing, Wayne University, 5257 Cass Avenue, Detroit 2, Mich.

► WAR PRIVILEGE: Blue Shield and Blue Cross members who enter the armed services may continue the enrollment of their families at reduced subscription rates. Their own coverage will be suspended but upon discharge will be reinstated without loss of prior privileges if the plan is notified within 90 days of discharge.

► CIVIL DEFENSE MEASURES: Gov. Thomas E. Dewey of New York and Gov. Alfred E. Driscoll of New Jersey have signed a mutual assistance agreement providing for the interchange of equipment, supplies and services of personnel, including doctors and nurses, in the event of an emergency. The Community Nursing Division of the Health Council of Greater New York is organizing all nursing resources of the five boroughs for the Medical Emergency Division of the Office of Civil Defense. It is estimated that there are 25,000 R.N.'s in N.Y.C., an additional 10,000 practical nurses and thousands of Red Cross trained nurse's aides. Members of the Proprietary Association of America, manufacturers of drugs and drug products, announced that they are preparing to convert to productive facilities to meet requirements of a full emergency including atomic precautions such as preserving and storing blood plasma for long periods and supplying medical aid depots with equipment and supplies. The American Transit Association, preparing to expand to avoid difficulties of transport facilities in event of a national emergency, announced that urban transportation companies are prepared to spend \$300 million on new vehicles, such as new buses which are so designed as to be converted into ambulances, and are only

awaiting a blue print from the Federal government to establish a national transportation policy of defense. A TV program on the prevention of panic in the event of emergency stressed the ingraining in the minds of small children a recitation of name, address and home telephone number in order to minimize confusion in case of enemy attack. The 51,000 residents of Jackson, Mich., participated in the nation's first mass blood typing program as a precaution against A-bomb attack. Blood types were recorded on dog tags later distributed to all residents. At a meeting of the American College of Surgeons, Dr. James C. Sargent, chairman of the AMA Council on National Emergency Medical Services, said that all doctors, dentists, nurses and medical technicians must be trained immediately for atomic war, that hundreds of thousands of civilians must be trained in first aid and rescue services and that first aid stations and emergency hospital facilities must be carefully planned to avoid national defeat and disaster in a third world war. The Public Health Service announced that the drinking of large quantities of salt water by survivors of A-bomb attack would be an effective emergency treatment for shock from burns and other injuries; the solution calls for one level teaspoonful of table salt and one half teaspoon of baking soda to one quart of water. Goggles made of neutron-absorbing glass to prevent atomic eye damage have been developed by the chemistry department of the University of Pittsburgh.

New drugs, rutin, and thiourea, show promise of protection against atomic rays. In Los Angeles, a professor announced that he had developed a chemical device that could be worn in the form of a dog tag by whole populations in bomb-threatened areas to warn them of radiation. At a manufacturers' exhibit of nucleonic instruments held in New York, Geiger counters and less elaborate detectors were proudly displayed but the talk was all about the lag in sales to the general public who, it seems, is unaware of the availability of these simple instruments.

- ► NEW HEADQUARTERS: On January 1, 1951, the ANA, NLNE, NOPHN and the American Journal of Nursing moved from 1790 Broadway to newly rented home at 2 Park Avenue, New York 16, N.Y.
- ► ABOUT PEOPLE: Jessie S. Turnbull, a past president of the Pennsylvania State Nurses Association and the first woman to have served as president of the American College of Hospital Administrators, has retired as administrator of Elizabeth Magee Hospital, Pittsburgh, Pa. . . . Talented Yvonne Shannon, assistant head nurse in the premature baby ward, Presbyterian Hospital, New York City, who draws cartoons of her preemie charges, was the recent subject of a feature article in The New York Times . . . Lt. (j.g.) Sara J. Griffin, USN (Retired) was recalled to active service for "inspirational" duty at the Navy Amputee Center in Oakland, [Continued on page 56]

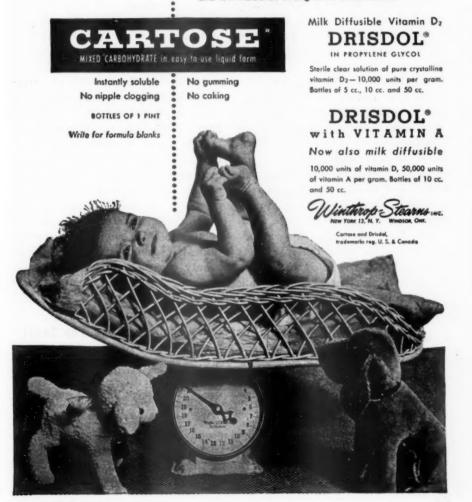
Steadily assimilated carbohydrates

Widespread clinical experience has established Cartose as a valuable modifier of milk in any form.

Cartose contains a mixture of carbohydrates dextrins, maltose and dextrose—each having a different rate of assimilation.

Added to the infant's formula,

Cartose assures a steady absorption of carbohydrate with a corresponding low rate of fermentation and low incidence of digestive disturbances.



Hospital Glamour [Continued from page 39]

the hospital wards, where seeing another patient prettied up becomes contagious. Nurses say the psychologic effect is beneficial. Patients focusing their attention on something pleasant forget to summon a nurse for trivial things. In some hospitals, 80 to 90 per cent of maternity patients avail themselves of the service, for they know it may be a fairly long time before they can go to their own hairdressers. The prices are gauged according to the prevailing rates in the community.

The hospital beautician sets up a permanent beauty shop for nurses and hospital staff. Most operators work several evenings a week to accommodate day nurses, and will arrange to take night nurses during daytime hours. Besides finding it convenient to be beautified on the premises, nurses and other hospital personnel receive special rates.

Mr. Leo Schmelzer, superintendent at Garfield Hospital, speaks favorably of his experience with Portable Beauty Service. "We like the plan because of its psychosomatic effect," he says. "Being well-groomed gives a lift to patients' morale, increases their comfort and accelerates recovery."

And the benefits are not entirely confined to the fair sex. In some hospitals, manicures are in demand by men patients, especially where they are allowed to plug electric razors into the portable unit and shave themselves.

Where beauty a la carte is sponsored, the patients' friends may give gift cards entitling the patient to a shampoo and wave, a manicure or a facial.

Inspired by the devotion of nurses and doctors to patients unable to pay for care, hospital beauty operators have adopted the practice of giving one or more complimentary treatments a week. The happy recipient may never have had a professional hair-do before, or may be an elderly person weary of long hospitalization and inability to care for herself.

So beauty has entered the hospital. And Mr. Schmelzer says, "Wherever beauty goes, it is like so much sunshine. Let's have all we can get."

When Leg Power Drops, You're Older Than You Look!



You, certainly, know nature signals of trouble ahead. When your feet want to quit ahead of your daily quitting time, it's their protest against heavy-weight shoes.

Try shoes made of lighter-weight kidskin, the leather recommended by orthopedists and used in the smartest dress shoes. Kidskin "walks with you" — keeps your feet young. Ask for kidskin shoes, even if only for a try-on comparison. Once you feel their delightful ease and see how smartly they dress your foot, you'll want duty shoes of LEVOR white kidskin . . . so easy to keep immaculate because it is spongeable.

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HEADACHE

upset stomach, jumpy nerves

Very often, the strenuous on-duty life of a nurse causes headache pain. That's why it is wise to keep a supply of Bromo-Seltzer handy.

Bromo-Seltzer is the famous time-proved product that not only brings fast help for the pain of ordinary headache but alsofor the upset stomach and jumpy nerves that often go with it.

Quick! Pleasant! Bromo-Seltzer effervesces with *split-second action*, ready to go to work at once. And it's so pleasant tasting! Caution: Use only as directed.

Proof of Popularity: Today more people than ever use Bromo-Seltzer. You must be satisfied or your money back!

Get Bromo-Seltzer at your drugstore fountain or counter today. It's a product of the Emerson Drug Co. since 1887.







Atomic Power

[Continued from page 27]

10-12 seconds, neutrons, gamma rays, beta particles and occasionally alpha particles are emitted in addition to the two principal fragments or fission products just mentioned.

Because one neutron invading the nucleus of an atom will cause it to give off one to three neutrons in the fission process, capable of hitting and splitting other atoms, it is possible to initiate a chain reaction if there is a sufficient mass of fissionable atoms present. In order for an atomic explosion to occur, the size of a mass of U-235 or plutonium must be such that there will be enough neutrons released to ensure the continuation of the fission process. (For this reason, it is not feasible to manufacture a "small" bomb.) One has to consider too the possibility that some neutrons may be lost by absorption in the nucleus and that others may escape from the system. The exact size of the mass needed for the chain reaction to be self-perpetuating is called the critical size.

It is reported that the procedure

in assembling an atomic bomb would be to take two subcritical masses of fissionable material (if critical sizes were used there would be danger of the free neutrons in the air initiating premature explosion) and bring them together quickly so that they form an over-critical mass. Contact between the two parts would be made by means of a timing device after the bomb was dropped. The ensuing chain fission reaction within the bomb would lead almost instantaneously to the explosion, with its phenomenal release of energy.

Now you will probably say: But what has the make-up of the atomic bomb to do with nursing? Are we as nurses required to be familiar with the physics jargon of neutrons, electrons, gamma rays, etc. in order to cope with atomic casualties? I would answer, yes-to a certain degree. As professional nurses we are concerned with the cause and effect of disease. injury and any bodily or mental abnormality. We are able to give intelligent care to a diabetic patient only because we understand something about the etiology of the disease. Why then shouldn't we have at least

Of IMPORTANCE to BUSY NURSES

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Chafed Skin
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if you have a jar of soothing Resinol handy for immediate use. Its special medication in lanolin relieves the discomfort of these, and similar skin irritations with surprising speed—lessening the threat to your comfort and efficiency.

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Phospho-Soda (Fleet)'s* action is prompt and thorough, free from any disturbing side effects. That's why so many modern authoritative clinicians endorse it...why so many thousands of physicians rely on it for effective, yet judicious relief of constipation. Liberal samples will be supplied on request.

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A Piece of Chocolate?

when you see a tablet of Ex-Lax, it looks like a piece of chocolate—and that is how it tastes. But this pleasant-tasting little tablet has established a high reputation for effectiveness. Nearly a half century ago, at a time when medicines were almost 'revoltingly unpleasant, Ex-Lax dared to be different by introducing palatability with effectiveness and convenience in a laxative. This is the priceless asset of Ex-Lax.

Ex-Lax is a gentle laxative, thoroughly effective without a trace of harshness. Taken during the day, it causes no sudden, embarrassing urgency, and it does not disturb sleep when taken at bedtime. Biological standardization of the phenolphthalein used in Ex-Lax assures uniformity of action.

Satisfactory experience has prompted many physicians to use Ex-Lax in their practice. They find it a safe laxative in a wide range of dosage at all ages, and particularly advantageous when taste demands special consideration, as during pregnancy and for administration to children.

Professional trial supply and literature, sent to nurses on request. Ex-Lax, Inc., Brooklyn 17, N. Y.

a nodding acquaintance with the atomic causes of blast injuries, flash burns and radiation disease. In the latter, it is particularly important that we understand the principles involved, for it is a disease with which most nurses are unfamiliar.

There is another reason, too, why nurses should have a sound background in the principles of an atomic explosion and the explosion's medical effects which will be discussed in the second article of this series next month. This may sound like heresy, but there will be no time for certain ethical considerations in an atomic attack. Inevitably, nurses will be called upon to assume many of the functions of doctors, and in order to do this effectively, as well as exercising their own nursing function, they must be well-oriented to the atomic situation.

Nurse Mobilization

Civilian health services need 65,000 more professional nurses now, stated the Joint Committee on Nursing in National Security in a recent report to the National Security Resources Board. As a solution the report recommends steppedup student recruitment, utilization of 205,517 inactive nurses and increased use of practical nurses.

Following an urgent appeal for 3,000 more nurses for military duty, the ANA called an emergency meeting of the Joint Committee on Nursing Resources to set up state procurement quotas by nursing specialties. Immediate goal: to meet ANC requirements by February 1, 1951.



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Heat alone is not enough for sterilization in your autoclaye. Nor are steam and time enough. You need the combined action of all three. That is why more and more

why more and more hospitals are safeguarding patients by putting an ATI Steam-Clox tag in every surgical pack.

* TIME No marter what the temperature and steam pressure inside your autoclave, ATI Steam Clox can NOT change color until exposed long enough for destruction of all bacteria—with an ample margin of safety.

* STEAM If instead of pure bacteria-killing steam, you have residual air in your autoclave, a longer exposure is definitely required to kill the bacteria—and to turn ATY Steam-Clox from purple to green.

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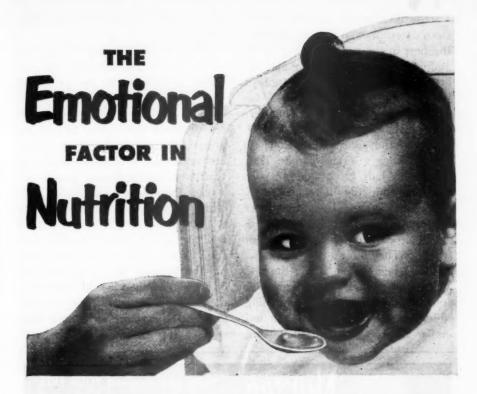
Candid Comments [Continued from page 37]

possibly bring out all the shadings that form the background of the picture and give it its full meaning. Surveys reveal only the status quo; they are much more likely to reveal conditions rather than opinions and ideas.

The art of listening has been almost smothered in this era of loud speakers of every kind. The dominant note is "Tell 'em! Sell 'em!," and the battle for our ears goes on with fury via the printed word, the spoken word, the picture book. Every possible medium, even the sky above us, is used to tell us, sell us. No one has time or mood to listen, to buy our ideas in return. Yet listening must go with telling if action is to be sound and have the support of the group.

Listening is simple justice. Our democratic organizations are governments "of the people, by the people, and for the people." The rights and duties of each member are precisely the same, and they include the right to be represented in all decisions. But listening is also common sense. Nursing, coming into its place among the professions and in the community, measures its strength not by the height of its numbers but by the breadth of its thinking. The broader is the base of its thinking, the greater can be its confidence that it is following the right path.

The "new and growing" power in nursing represents a strong nucleus of both newcomers and veterans. If



ABABY's relationship with his mother can influence his assimilation of food—for good—or ill!

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When a worried mother asks you how to "make" her baby eat more, help her understand that a baby can't get full benefit from his meals unless he enjoys his food.

One of the biggest things a mother can do for her baby is to avoid meal-time arguments. Beech-Nut Foods in all their appealing variety are a great help. Their better flavor arouses eager appetite. Baby gets a good start nutritionally and emotionally!

A wide variety for you to recommend: Meat and Vegetable Soups, Vegetables, Fruits, Desserts – Cereal Food and Strained Oatmeal.







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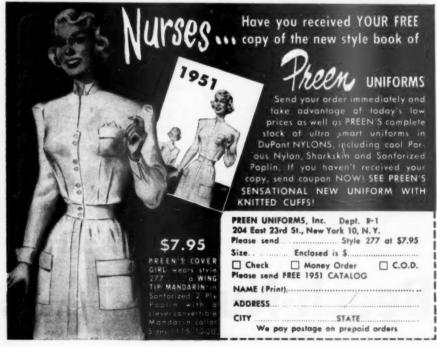
Beech-Nut foods for BABIES

Babies love them...thrive on them!

I sense their mood correctly, it is a stern determination that we preserve the best in the art of nursing as we embrace the sciences to make the art more useful. There is emerging a large group I call "middlers" because they are just above being very young. They have made their decision, and they are settling down to make nursing a serious career. They intend it shall be a good career. They are thinking more concretely and clearly, and participating more actively in professional affairs than did their counterparts a decade or two ago. They have a potential power that I believe can swing the tide in nursing affairs. What are their opinions on the moves in nursing education, economics, legislation and similar issues? What do they want

for nursing? What values do they cling to?

There is another large strata that merits our special listening-the students. It seemed to me as I met with several of their state associations that the new crop was better informed, more given to cool appraisal, more responsive to ideas, and more secure in their confidence that they could surmount greater obstacles, than any we have met. Chided by an oldster for speaking frankly to them of nursings' shortcomings as well as opportunities, I replied that I am never afraid to tell young people the facts of life. They have all of life before them in which to prove they can do better than we are doing, and they are fairly sure they can. Youth of today is neither hard-



For the comfort of the "common cold" patient . . .



provides quick relief.

Comprehensive clinical evidence indicates that ANAHIST,* used promptly in the recommended dosage, acts quickly to relieve nasal congestion, sneezing, sniffles, and other symptoms of the common cold.¹ Selection of ANAHIST for antihistamine effect reduces the likelihood of untoward side-reactions.²



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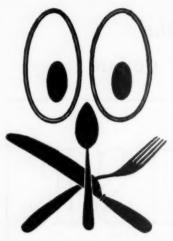
Professional samples are available upon request.

REFERENCES: 1. Tebrock, H. E.; Indust. Med. & Surg. 19; 39 (Jan.) 1950. 2. Schwartz, E.; Ann. Allergy 5: 770 (Nov.-Dec.) 1949.

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Big eyes...
little stomach

Patients who insist on gorging themselves will find welcome relief from excess stomach acidity with BiSoDoL. This modern, dependable antacid formula acts quickly and sustains relief for a long period of time. BiSoDoL has a pleasant taste and is well-tolerated. For an efficient antacid recommend

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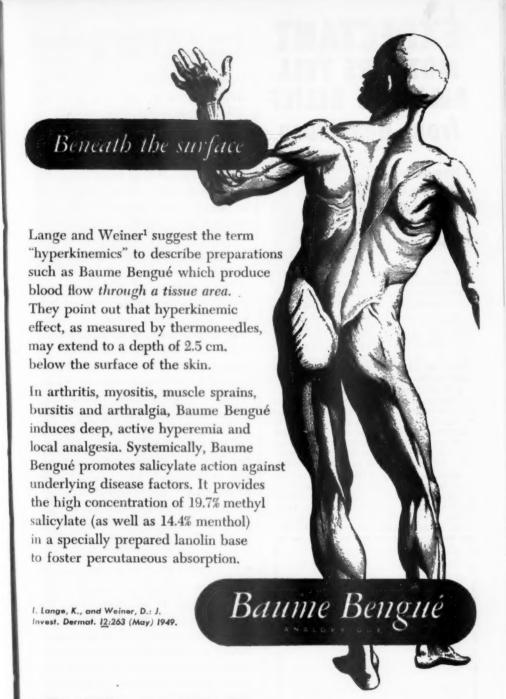
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boiled nor dewy-eyed, but realistic. We should be learning what the new crop of nurses is thinking and saying. It would help us, and enable us to help them. There's a third distinctive group—the veterans, grown wise in their experience, with an almost sanctified reverence for good nursing care, and an enduring love for nursing. What have these nurses learned? What are the values in nursing they have found to be most enduring and fruitful?

When people buy hearing devices for themselves they have to learn to hear all over again. It is a difficult, yet highly profitable business. They must learn to hear not only the loud, sharp sounds but the edges of words, the little and delicate sounds that round out the whole. More than that, they must learn to listen. We need to hear the tangible sounds of nursing that come through surveys and polls, and the intangibles too that come from the spontaneous, unrehearsed talk of nurses with free opportunity for such talk.

We need more participation by members in our affairs and meetings, and less dependence on outside "experts." We need more open and easy discussion where nurses work, and more sharing of opinion between branches of nursing. But the most important "device" we need for better listening is to want to listen, to recognize the validity and value of the opinions of nurses regardless of what layer they may occupy. Once this wanting to hear has been established, the best methods for doing so will follow as surely as sunrise.



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EXPECTANT MOTHERS TELL AMAZING RELIEF from Heartburn

How Antacid Chewing Gum Helps Solve This Age-Old Distress



All over America expectant mothers are discovering the remarkable heartburn relief they obtain with CHOOZ, the refreshing antacid chewing gum.

In enthusiastic, unsolicited letters delighted mothers-to-be tell us how CHOOZ quickly relieves the usual heartburn distress of stomach hyperacidity during pregnancy — often after all other remedies they tried had failed.

CHOOZ contains two medically established antacid ingredients which act promptly to neutralize excess stomach acids. At the same time, the chewing itself helps stimulate the flow of saliva, thereby heightening the desired alkalizing benefits. Chewing, too, helps relax nervous tension.

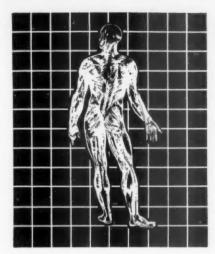
Needless to say, CHOOZ is entirely safe to take in usual dosage during pregnancy and may be recommended with complete confidence. For a generous supply of CHOOZ absolutely free, simply mail the coupon NOW!

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News [Continued from page 42]

Calif. Miss Griffin is herself an amputee having lost her left leg following an injury while on duty in Cuba in 1947 . . . Captain Margaret M. Blake, ANC, on duty with a mobile Army surgical hospital in Korea, received first and second degree burns when a five-gallon can of boiling water exploded while she was releasing the lid . . . Florence A. Hixon, former acting dean of the University of Pennsylvania School of Nursing, was appointed first dean of the University of Alabama's new school of nursing which opened last fall. The school offers a fourvear graduate course in nursing education . . . For her achievement in raising standards of nursing in the Argentine, Celestina Aponte Rioja, Director of the Central Camp Hospital School of Nursing, operated in Tartagal, Argentina by the Standard Oil Company, has been awarded the Medal of Merit by the University of Portland, Ore. . . . Clude and Jessie Pennington Eleanor Crump have been promoted to the rank of Commander in the Navy Nurse Corps.

▶ BETTER DENTAL CARE for all children is the goal of National Children's Dental Health Day, Feb. 5, 1951, sponsored by the American Dental Association and its state and district societies, which will focus attention on expansion of community dental health programs in order to make dental health education and



Your Patient Has 18 to 20 Square Feet of Surface Skin!

The average human body has a surface skin area of 18 to 20 square feet—and every inch is at all times susceptible to one skin disorder or another.

Fortunately, a dermatologic cream exists which is highly effective in alleviating many of these conditions.

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THE ORIGINAL CLEAN WHITE COAL TAR CREAM

All the Therapeutic Advantages of Crude Coal Tar with Irritating Residues Removed

Of 51 difficult dermatologic cases recently treated with TARBONIS in a 5-week to 5-month period, 54.9% cleared or showed marked improvement. 25.5% showed good response. TARBONIS brought satisfactory results in 80.4% of the patients! 41 cases involved conditions of 2 to 10 years duration, not yielding to other therapy!

	DASES	CLEANED OR MARKED IMPROVEMENT	MODERATE IMPROVEMENT	SLIGHT OF NO HIPROVENERS
CHRONIC RECURRENT CONTACT DERMATITIS	11	9	1	1
PSORIASIS	11	2	4	5
NEURODERMATITIS	5	3	2	-
ATOPIC ECZEMA	8	6	1	1
SEBORRHEIC DERMATITIS	6	5	1	-
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. ALLERGIC DERMATITIS	3	-	2	1
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*Lowenfish, F.P., N.Y. State J. Med., 50:922 (Apr. 1) 1950.

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dental care available to children. Dr. Harold W. Oppice, ADA president, pointed out that tooth decay afflicts more than 90 per cent of the nation's school-age children.

► NEWSLINGS: A graduate of St. Luke's Hospital, Utica, N.Y., the hospital featured on R.N.'s August cover, writes that the hospital pin was designed by Florence Nightingale in 1888 . . . Final figures show that 44,185 students, an increase of 1.3 per cent over the previous year, were admitted to state-approved schools offering basic nursing programs . . . Congressional mail is against compulsory health insurance three-to-one, Clem Whitaker, director of the AMA education campaign has announced. Two years ago, he said, compulsory health insurance was favored 2½ to 1 . . . A grant of \$800 was made by the Washington State Heart Association to the Seattle VNA for the home care of heart disease patients . . . Out-of-state R.N.'s are now entitled to registration in Wisconsin without examination, upon submission of proof of equal educational qualifications, according to a ruling by the state attorney general . . . Highest rating, on a national Gallup occupations rating survey, went to nursing as the profession that the general public recommends a young girl to enter today.

► AN INDIAN SERVICE survey of nursing education resources of the Navajo Medical Center, Fort Defiance, Arizona, conducted by an NLNE committee, led to the following recommendation: On-the-job training or a course in practical nursing for Indian girls might solve personnel shortage, providing the Indian Service augmented the supervisory staff and added a teaching staff. However, additional recommendations from an executive committee directed to the Bureau of Indian Affairs, asked: that no nursing school be established in Fort Defiance because of its many inadequacies; that Indian girls meeting entrance requirements of professional nursing schools should receive federal scholarships for courses in approved schools; and that a practical nurse school, if established, should be part of an adult educational program.

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Displaced Nurses [Continued from page 34]

new job so very much. I see many old people who were born in Europe. They enjoy talking to me about the old country and even try to remember the language they used to speak in Europe. Many people who spent their days as students in Europe enjoy talking to me about the way of living there which is quite different from America."

Among its DP employes, the Rosewood State Training School near Pikesville, Md., has found "people who love people." Rosewood is a school for retarded children who need nursing and parental care, and all but two of the refugees who have come there are caring for children. All are Ukrainians and of the eight women, five are trained nurses, one of whom has had three years' training in pediatrics and 11 years' experience as a registered nurse. "When I first saw them," said Dr. George Johns, the superintendent, "I said I would take them all. We look for character. This is a characterbuilding job."

The U.S. is not alone in benefiting from the skills of DP nurses. Canada has taken in almost a hundred through its nurses' resettlement scheme; Switzerland has accepted 108 for hospital work, and Australia and South America have also found need for them. And now a new country, Pakistan, has been added.

The first refugees to leave Europe for Pakistan under IRO's resettlement program for specialists with

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1. Westcott, F. H.: New York State J. Med. 50: 698 (Mar. 15) 1950. *Patent Pending.

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high professional qualifications were two nurses and four doctors who reached Karachi in December of 1949. Nurses Marie Horky-Gruber, and Wilhelmine Baranow are both well qualified nurses who have proved excellent teachers of nurses aides, more than 450 of whom have graduated in IRO courses. Mrs. Horky-Gruber holds a diploma from the State School of Nursing, Zagreb, Yugoslavia and from Toronto University, Canada, which she attended on a Rockefeller Foundation scholarship. As a refugee, she worked first with UNRRA and later with IRO as Chief Nurse at the DP Hospital in Linz-Neiderhart. In November 1948, she was sent to the French Zone of Austria to establish a Nurses Aide Training School. Mrs. Baranow has

a teacher's degree, a diploma for trained nurses in medicine and social medicine. In addition she is a specialist in bacteriological, microscopical and statistical drawing.

These are the displaced nurses who at long last have been fortunate enough to find permanent homes and jobs. They promise to fill a real need in the communities that have received them. But approximately 200 graduate nurses and 500 practical or experienced nurses in Europe under the care of the IRO await resettlement. The passage of the new bill liberalizing the U.S. Displaced Persons Act of 1948 has brought new hope for thousands of refugees but whether this hope will be realized depends on the willingness of U.S. citizens to sponsor their immigration.



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Students Are Seen [Continued from page 31]

adequate opportunity for leadership; and to foster cooperation with professional nursing organizations.

Activities of the various state student associations range from picnics and dances to lectures and discussions of professional problems. Some of them have special projects which members attack with energy and enthusiasm. For example, the Nebraska Student Nurses Association, organized in October of 1948, selected for its special project last year student nurse recruitment, and is working in close cooperation with the Nebraska State Nurses Association, the State League of Nursing Education and the State Organization for Public Health Nursing.

Although in general the associations are financed by a levy on each member or on each participating school, the West Virginia State Nurses Association grants its students the same budget for their program as it gives its regularly constituted sections. Furthermore, it pays for the traveling expenses of the student chairman attending the annual meeting of the State Nurses Association. Since West Virginia, like Connecticut, has also found it necessary to organize its student association on district levels, students in that state are now being invited to all district meetings.

Pennsylvania, which has no state or district student associations, is nevertheless attempting to follow the suggestions of the ANA subcom-

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mittee. The Pennsylvania State Nurses Association encourages the students' participation in the Association by inviting them to attend board and committee meetings. Those attending standing committees may enter into the discussion while those on special committees are allowed both voice and vote. This state association has as yet no state and district committees to promote attendance at state and district meetings but the state president has asked directors of schools of nursing to suggest promising students to sit in on committees.

New York, another state which lacks a student association on the state level, is also following the ANA's advice by establishing organizations in the district. At New York's 1949 Biennial, districts were asked to go back and start student associations. Some of the districts already have active groups while others are busily formulating plans.

Almost all of the state executive secretaries who answered the questionnaire indicated that student organizations should help students to join the professional organizations. However, they were hesitant in committing themselves that this aim has been accomplished. One conclusion is apparent: the district appears to be the logical place for a student organization to begin. Members of associations on the district level who have established close contact with the professional district association are more apt to transfer their allegiance than if they simply belonged to state organizations. Graduates can help this cause of student participation by inviting students to district meetings and working on committees organized for this purpose.

Students are no longer shoved behind the iron curtain of authoritarianism. Able to talk and act intelligently, they may be the means of injecting new vitality and fresh ideas into a district that has become lazy and self-satisfied. One executive secretary writes that student nurses who attended an institute on structure asked pertinent questions, and in some cases discussed the matter more intelligently than some of the graduates in "high places."

The question has arisen: what place will these student associations

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occupy in our professional structure? Some nurses have suggested that they be included as sections. This would not be possible under our present bylaws since membership in the Association is a requirement for membership in a section, and the ANA is an organization of registered professional nurses to which students are not eligible. As an alternative, others have suggested that they be placed in the two-organizational plan under the jurisdiction of the Nursing League of America, which will be open to lay members. Many nurses have wondered whether it might not be a good idea to revise the ANA bylaws and grant students some form of associate membership in the ANA. This would not be unusual. In a survey by the ANA of



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17 professional and political organizations, eight stated that they provided for junior membership with varied qualifications, privileges and dues. The AMA in its recent convention authorized plans for the formation of a student American Medical Association which will be affiliated with the AMA. Delegates from student bodies in medical schools met in Chicago last month to draft their own constitution.

Miss Mathilda Scheuer, president of the Pennsylvania State Nurses Association, expresses the feeling of many nurses when she says, "It has always seemed a great pity to me that there is as yet no way in which a student of nursing can become a member of the ANA and her state organization. Membership in the ANA is such an essential part of the career of a truly professional nurse that it would be most beneficial to have some kind of participation in the organizational programs built right into a nurse's studies."

Whatever their eventual technical status, student nurses associations are assured of the continued support of their sponsoring professional organizations. Students belonging to such associations are the greatest force for expansion of membership and of nursing that the ANA has ever known. It's too bad that it has taken us this long to discover their potentialities.

*Pennsylvania Nurse, March, 1950, p. 17.

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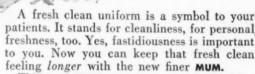
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FACULTY APPOINTMENTS: (a) Educational director and obstetrical clinical superviser, teaching hospital. Pleasant southern town of 30,000. \$300, maintenance. (b) Nursing arts instructor, collegiate school. \$3600-\$4400. California. RN1-4 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

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NURSES: For general duty and tuberculosis, unencumbered registered nurses, under 40, free to travel. Salary over \$3000, maintenance and board nominal. 40 hour week, generous annual and sick leave allowances, experience satisfactory. Reply to Chas. C. Hedges, M.D., P.O. Box 56, Window Rock, Ariz.

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NURSES: General duty, for 80 bed hospital. Salary \$215 per month plus one meal, laundry and Blue Cross benefits. 44 hour week. Vacation, sick leave and 6 holidays yearly with pay. \$10 increases for three years. Apply Mrs. Mayme Frickey, Supt. of Nurses, Memorial Hospital of Sheridan County, Sheridan, Wyo.

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[Turn to page 87]

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* Fosdick, L. S., The Reduction of the Incidence of Dental Caries, I. Immediate
Tooth Brushing with a Neutral Dentifrice, J.A.D.A. Vol. 40, No. 2, February 1950.

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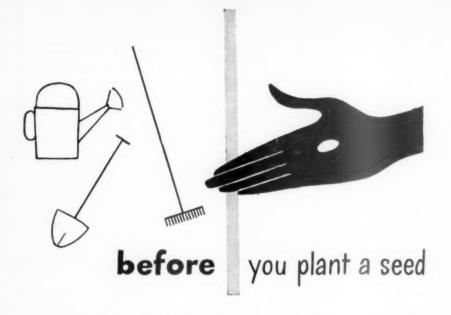
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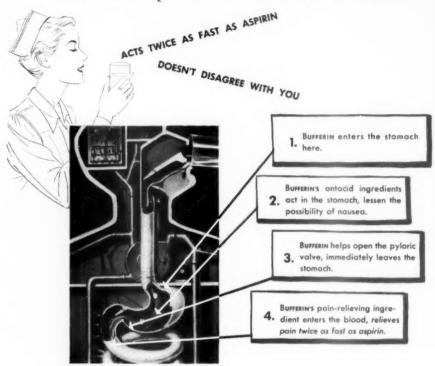
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